5 A Day Fruit and Vegetable Costume Survey Form SC DHEC, Bureau of Community Health and Chronic Disease Prevention, Nutrition Consultant

2. 3.	Name: ————————————————————————————————————	
5.	. Which costume did you use: (circle all that apply)	
	a. Carrotb. Applec. Broccolid. Cabbagee. String Bean	f. Peach g. Watermelon h. Corn i. Strawberry j. Yellow Squash
6.	6. Setting where the activity was conducted: (circle all that apply)	
	c. School/ Universityd. Child Care Facilitye. Faith-based organization	g. Restaurant/ Food Service h. Food assistance program i. Community organization/event j. Physician's Office k. Health care facility et I. Other (specify)
7.	7. Audience targeted and/or exposed: (circle all that apply)	
	d. Children/youth	g. Minorities h. Persons with health risks i. Health professionals j. Teachers k. Other (specify)
8. Estimated number of persons reached: (Circle one)		
	a. 1-10 b. 11-30 c. 31-60 d. 61-100	e.101-150 f.151-500 g. 501-1,000 h. >1,000 (estimate #)persons
9.	9. What were the goals of this activity?	
10. Please add any comments or suggestions you have:		